(febrile, stomachache and abdominal distention) and physical signs (Abdominal tenderness/round pain) in these two groups were observed before treatment and two weeks after treatment. Ascites WBC and PMN, serum endotoxin level and ALT, TBil, ALB level were detected at the same time. Difference of the aboved index were compared in these two groups.
Results: Abdominal distention and serum endotoxin level in the study group decreased more than those of control group ($\chi^2 = 4.464$, $P = 0.031$; $t = -3.150$, $P = 0.018$). The total effective rate of study group (87.5%, 28/32) is superior to that of control group (70.6%, 24/34), $\chi^2 = 4.011$, $P = 0.048$. The decrease level of ALT in study group were higher than that of the control group ($t = -3.007$, $P = 0.029$).
Conclusion: Xuebijing injection could enhance the effect of conventional combined therapy and improve liver inflammation of the LC patients with SBP.

PP-159 Non consensual sex and HIV prevention: a case study of the city of Johannesburg

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Introduction and Aim: Sexual and reproductive health programmes including HIV prevention rarely recognise much less address the reality of non consensual sex which is experienced by young people in developing countries. South Africa records the highest rate of HIV/AIDS case in the whole world and the city of Johannesburg is termed 'The crime center of the world'. The most common crime is sexual assault or rape which takes place on a daily basis. The aim of this presentation is to show the futility of the HIV prevention approach, i.e. abstinence, be faithful and use condoms (ABC), for young women victims of rape in South Africa.
Case description: Ruimsiq, in Johannesburg, is the home of Monash University and non consensual sex is daily reported to the police and security agents by a significant number of people in the school; this experience is really devastating and mainly perpetuated by the Mozambicans, Zimbabweans and South African blacks. They believe in the local charm 'muti' which states that HIV can be cured when you rape a virgin.
Result: The resultant effect of this non consensual sex includes unitended pregnancies, HIV and sexually transmitted infections. These girls are unable to negotiate condom use with the perpertrator, and also the abrasion and cuts that occur enhance susceptibility to HIV.
Conclusion: The prevention and efforts at wiping out non consensual sex is both a human right and public health imperatives. Non consensual sex should attract a jail term in this country in order to reduce the HIV/AIDS epidemic.

PP-160 Seroprevalence of hepatitis C virus and human immunodeficiency virus in blood donors of North-Western Pakistan

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Background: HCV and HIV infections are major health problems associated with blood transfusion practices in Pakistan. Trends of HCV and HIV prevalence in BDs are different as reported form various cities and geographical regions. This study was conducted in a large population size to asses the epidemiology of HCV and HIV in North West Frontier Province (N.W.F.P.) of Pakistan.
Methods: In this study 62,251 healthy BDs, age 17–50 were included from January 2008 to July 2009. 61,059 (98.1%) of the study subjects were male while only 1192 (1.9%) were female. All the donors from 11 areas of N.W.F.P. were screened for hepatitis C Virus and human immunodeficiency virus antibodies by ELISA (Biokit). Blood group of each individual was also determined.
Results: Frequency of HCV and HIV infection was 2.6% and 0.045%, respectively. Prevalence of HCV and HIV in 2008 was 2.4% (CI 1.9–2.95) and 0.049% (CI 0.035–0.063) respectively. In 2009, it was 3.0% (CI 2.7–3.28) for HCV and 0.038 (CI 0.019–0.057) for HIV. The trend in prevalence of HCV from 2008 to 2009 is highly significant (P = 0.00001) while for HIV it's non-significant (P = 0.56). Among the age groups the prevalence of HCV and HIV was not significantly different (P = 0.128). Only 1484 (2.4%) of the donors were voluntary, the remaining were replacement and family blood donors. The difference in number of male and female donors was highly significant (P = 0.00001). B+ blood group was the common in 30.5% BDs. Our study revealed a high prevalence of HIV than most of the previous reports.
Conclusion: Frequency of HCV infection in blood donors is higher in N.W.F.P. than rest of the world and lower than other regions of the country. Transfusion of the infected blood is one of the common causes of its transmission. HIV is getting more in Pakistani population.

PP-161 Comparing the detection of HIV antigen P24 by human and mouse monoclonal antibodies

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To compare human and mouse Antibody in detection of antigen p24, we design a simple and sensitive Enzyme immune assay for detection of this antigen.
Three hundred negative samples from blood donor were tested with HIV third-generation kit and also the 30 positive samples that confirm by immunoblot and PCR. We used a human monoclonal antibody as capture and a human monoclonal antibody labeled with biotin as tracer. In order to eliminate effect of antigen-antibody complex in measurement of antigen, different buffers was used, that best answer was obtained with 1.5 M Glycin buffer (pH = 2). To compare sensitivity and specificity, at the same time mouse monoclonal antibody as the coating antibody was used and compared with human monoclonal antibody.
Twenty-one of thirty positive samples were positive in designed kit with human monoclonal antibody and 18 samples in designed kit with mouse monoclonal antibody. Before pretreatment of samples with Glycin buffer Diagnostic sensitivity were 70% and 60% for human monoclonal antibody and mouse monoclonal antibody respectively. After antigen-antibody dissociation, 28 and 27 samples were positive with human monoclonal antibody and mouse monoclonal antibody respectively (diagnostic sensitivity, 93% and 90% respectively). Analytical sensitivity of assay by WHO antigen and recombinant antigen was 1 U/ml and 2 pg/ml with using of human monoclonal antibody respectively, that with use of mouse monoclonal antibody this value was 4 U/ml and 8 ng/ml respectively. Based on the result of negative samples, assay specificity was 100%. The pretreatment of antibody positive sera and members of BBI panels that have positive for antigen and antibody test with 1.5M Glycin buffer cause increase of diagnostic sensitivity (70% against 93%).
This test has a high analytical sensitivity and specificity for diagnosis of HIV infection and compared with other methods is simple, fast, accurate and economic.